

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lombard James D

1. Office, Agency, or Court

Agency Name

State Controller's Office

Division, Board, Department, District, if applicable

Executive Office

Your Position

Chief Administrative Officer

► If filing for multiple positions, list below or on an attachment.

Agency: See attached

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ **Leaving Office:** Date Left ____/____/____
(Choose one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
300 Capitol Mall, Suite 1850 Sacramento CA 95814

DAYTIME TELEPHONE NUMBER

(916) 327-8299

E-MAIL ADDRESS (OPTIONAL)

jlombard@sco.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/28/12
(month, day, year)

Signature

California Form 700
Statement of Economic Interests
Attachment 1

James D. Lombard

Agency: Department of Finance
FI\$Cal Steering Committee Member

Agency: Public Works Board
Member representing Controller

Agency: Technology Services Board
Member representing Controller